U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 **LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 1/37	2. Fiscal Year Covered From:	
	12 / 30 / 2003 Through: 12 / 30 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Mutael J Laure	Name INDIANA/KENTUCKY REGIONSC COUNCIL OF	
	CALPをよてとよう Labor Organization File Number 060-114	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 8407 CHA CA PIETA PASS	Street 2635 6 Adisa AVE.	
City FT. WAYJE	City 12212120015	
State INDIAND ZIP Code +4 46825	State ND ANA ZIP Code + 4 46725-7549	
5. Position in labor organization. ADMINISTRATION COO.	еринатов	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name	The second secon	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	7.b. Amount.	
Street		
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
20102		
Signed MM Mm	On 8.12.05 ZeO-489-2743 Date Telephone Number	
Form LM-30 (2003)	Pone 1 of 2	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organiza	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name LOCKLO & ASSOCIATES Trade Name, if any: P.O. Box, Bldg., Room No., if any 50440 Street City INDIANAPOUS State INDIANA ZIP Code + 4 46250-0440	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name INDIANA STATE COUNCIL OF CAPPETED PERSON FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any SO440 Street City INDIANA ZIP Code + 4 46250.0440	11.a. Nature of such dealing. MORRES 15 A THIRD PARTY ADMINISTRATE 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. NUMBER FOR SPORSE AND NUSSELE	
State 14 DIANA ZIP Code + 4 46250.0440	DILLER FOR SPONSE AND MYSELF WHILE ATTENDANCE AT A TRUST MEETING 12.b. Amount. \$ 125.98	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name INDIANA STATE CountCIL HEALTHY WELFORK FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 50440 Street City INDIANA ZIP Code + 4 46250 - 0440	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. if 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	11.a. Nature of such dealing. PROVIDES HEALTH BEHEFITS FOR MEMBER SILIP	
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. REHBURSENEAT FROM TRUST FUND FOR DEPARTMENT OF LABOR OF ERISA REQUIRED EDUCATIONAL CONFERENCE FOR FOOD, TRAVEL, AND LODGING IN THE EXERCISE OF MY FIDUCIARY DUTY	
	12.b. Amount. \$1,974.83	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value substantial part of which consists of buying from, selling or leasing to, or otherwork of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or individually dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any). Name IN STATE COMPLE OF CARPENTIESS PENSION FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 50440 Street City INDIANA APOUS State INDIANA ZIP Code + 4 46250 - 0440	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	PROVIDES RETIREMENT BELLETTS FOR IT'S PARTICIPANTS.	
Street	11.b. Approximate dollar value of such dealing.	
State ZIP Code + 4	12.a. Nature of interest held or income received. REINBURSENELT FRONTRUST FUND FOR DEPARTMENT OF LABOR AND ERISA REQUIRED EDUCATIONAL CONFERENCE FOOD, TRAVEL 4 LODGING IN THE EXERCISE OF MY FIDUCIARY DUTY.	
	12.b. Amount. 4873, 42	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
State ZIP Code + 4		
341 5002 - 7	14.b. Amount of payment.	
13.b. Is the Business an Employer or Consultant ?	14.D. CHIOUIL DI PAYINGIL	

Name of Person Filing	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name NATIONAL CITY BANK Trade Name, if any: P.O. Box, Bldg., Room No., if any Street ZOO PUBUC SALARE - 5TH FLOOR City CLENELAND State OUTO ZIP Code + 4 4914	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bklg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. NATIONAL CITY BANK OFFERS AND PROJUDE CLESTODIAL + DEPOSITORY SEZVICES 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. PROJUED DINNEL WHILE ATTENDANCE A CONFERMINE SPONSOZED BY THE INTERNATIONAL	
	12.b. Amount. 4135.10	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	